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Washington State Legislature Eliminates Funding for Tobacco Prevention and Control Program

by Joy Hamilton

For decades tobacco use has been the leading cause of preventable death and disease in Washington state. In response to this, the state funded one of the most successful comprehensive Tobacco Prevention and Control Programs (TPCP) in the country. According to the WA Department of Health 2011 Progress Report, since the program began in 1998 overall smoking rates have been cut in half and youth smoking rates have dropped by:

- 64 percent for 6th graders
- 58 percent for 8th graders
- 49 percent for 10th graders
- 44 percent for 12th graders

In the past 10 years, the state Tobacco Prevention and Control Program has a 5:1 return on its investment. The program has:

- prevented about 13,000 premature deaths
- prevented an estimated 36,000 hospitalizations
- saved the state \$1.5 billion in health care costs

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Despite this success, the Legislature voted to eliminate all funding for tobacco prevention and control beginning July 1, 2011.

This devastating elimination results in the loss of:

- The statewide Quitline that supports Washington residents with counseling and nicotine replacement therapies;
- Twenty-one grants to tribes to support local tobacco prevention projects;
- Five grants to community-based agencies serving ethnic/racial, sexual minority, and low-income groups;
- All of the 35 grants to counties for local tobacco prevention programs;
- Grants to the nine educational service districts to support tobacco prevention curriculum in schools and efforts to create tobacco-free school campuses;
- Paid ads for teens to counter tobacco company marketing, and ads to help adults to quit tobacco;
- Grants to involve and train youth leaders on tobacco prevention issues.

To effectively reduce tobacco use rates, the CDC recommends that state officials allocate \$67 million to tobacco prevention and control. That's just 8% of the \$823 million in tobacco taxes and Master Settlement Agreement (MSA) payments Washington state receives annually. In contrast, we can expect the tobacco industry to spend at or above its current level of \$146 million each year to market its deadly and addictive product to Washington state residents.

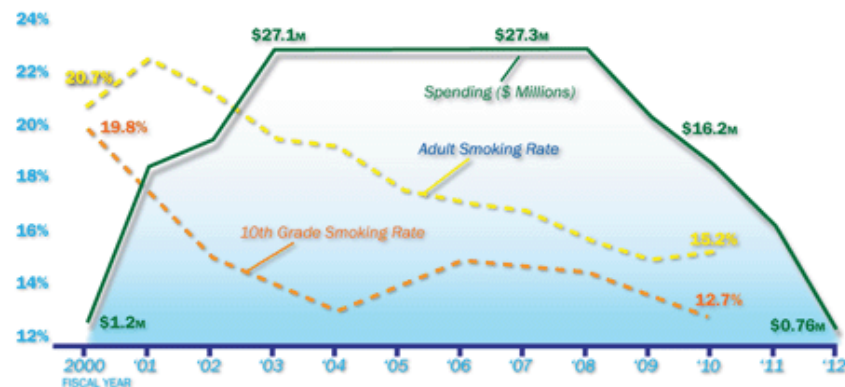
Tobacco use costs the state nearly \$2 billion in health care annually. Each Washington household has an added tax burden of \$625 every year for tobacco-related health care, even if nobody in the household smokes.

When Massachusetts and Florida cut their tobacco prevention and control programs, tobacco use rates and associated state medical costs increased. Minnesota experienced an increase in youth susceptibility to smoking just months after funding for its Target Market program was eliminated. The graph below depicts how drastically smoking rates dropped as funding for the WA Tobacco Prevention

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Program increased. Although we don't currently have enough information yet to show how rates will change now that funding has been removed, it is likely Washington smoking rates will mirror the fate of these other states that had their programs cut.

Washington State Smoking Prevalence & Tobacco Program Spending



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Washington State Tobacco Quitline

The Washington State Department of Health's free Tobacco Quitline services have ended due to state budget cuts. Starting in July, calls to 1-800-QUIT-NOW (1-800-784-8669) will be answered by the American Cancer Society [Quit for Life](#) program, which will help people covered by their employer, by commercial insurance or by Medicaid.

However, all King County residents 18 years and older are still eligible for Quitline services. This service is being funded by a grant from the U.S. Department of Health and Human Services to Public Health - Seattle & King County. This funding ends in March 2012. King County residents should call 1-800-QUIT-NOW to speak to someone about their benefits.

The Asian Language Quitline is still available, and Washington residents can still speak to a Quit Coach on the Asian Language Quitline using the following numbers:

- Chinese (Cantonese/Mandarin): 800-838-8917
- Korean: 800-556-5564
- Vietnamese: 800-778-8440

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PrideFest Takes on Tobacco

by Michael Leon-Guerrero

128 businesses registered to be vendors at Seattle's 2011 PrideFest, and all agreed to implement Tobacco Prevention and Control Policies (TPCP) in their operations.

[Gay City](#) staff provided technical assistance to the businesses to facilitate the process, provided sample policies to be implemented and concurrently ran social media messages gearing up to PrideFest.



An effective TPCP could be something as simple as agreeing to provide referrals for employees or clients. More elaborate TPCP efforts could include providing on-site smoking cessation services, implementing a tobacco-free work day or encouraging organizations to refuse to accept funding from tobacco companies.

Of the 128 businesses, 87 implemented policies for the first time with the technical assistance of Gay City staff, including one vendor from Portland and one from Australia.

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Part of the technical assistance offered by Gay City included education on the tobacco industry's targeting of the LGBT community and why some LGBT businesses have chosen to refuse funding from tobacco industry. Recently, staff at Seattle Gay News (SGN) along with Publisher George Bakan declined to publish an ad from a tobacco retailer. Gay City and the SGN do not support, and will not support, the targeting of LGBT persons by companies that sell tobacco products.

Gay City has also launched OURCUETOACTION, a social media campaign to help educate the LGBT community about the impacts of tobacco in the health of the community and support the policy of tobacco-free work place in early May 2011.



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Smoke-Free Housing for Low-Income, Mentally III

by Michael Leon-Guerrero

In King County, 77 percent of renters prefer smoke-free housing — including over half of people who smoke — yet only 35 percent of renters live in buildings with no-smoking policies. Folks limited to low-income housing have even fewer smoke-free housing options.

In an effort to prevent the disparity from growing, part of the Communities Putting Prevention to Work (CPPW) grant has focused specifically on smoke free housing. Karen Brawley, Housing and Cities manager, is working with nine housing organizations including Seattle Housing Authority, King County Housing Authority and Housing Resources Group in an effort to gain 9,000 smoke-free units this year.

"Smoke-free housing is a perfect example of how a person's environment affects their health," Dr. David Fleming, Director and Health Officer for Public Health — Seattle & King County, said in a release. "More of our low-income population lives in multiunit housing, which means that they are more likely to be exposed to secondhand smoke. Our efforts facilitate changes like this — changes that will increase access to healthy environments in every King County neighborhood."

AN ADDITIONAL CHALLENGE FOR RESIDENTS WITH MENTAL ILLNESS

Residents living with mental illness are often not only limited to low-income housing,

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but also the stigma that people with mental illness can't quit, won't quit or even shouldn't quit smoking. Recent studies prove that mentally ill residents want to quit and can quit successfully.

A CPPW training "Exploring smoke-free housing and mental health and recovery" was a well attended event that fostered conversations, opened communication and addressed some real concerns regarding smoke-free policies in affordable housing environments.

A panel of housing staff with smoke-free policy experience allowed participants to talk with others about the transition to smoke-free properties.

The event itself was described as "Great great GREAT!" and "Great and challenging; but the bottom line is wanting to help clients." The biggest need identified across the board was increased cessation support, including medication.

[Karen Brawley](#), Housing and Cities manager for the Communities Putting Prevention to Work grant, is the project lead for smoke-free housing.

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Peer Support Specialists Receive Tobacco Education and Cessation Training

by Michael Leon-Guerrero

March 30th, 2011 - A comfortable room full of Peer Support Specialists, tobacco control experts, good food and positive energy provided fodder for a growing movement: addressing tobacco at mental health and substance use disorder agencies at the policy and treatment level.

Peer Support Specialists have been identified by leading anti-tobacco advocates and treatment agencies as one of the most effective types of treatment for consumers. These folks are dedicated and invested in their community and in a unique position to help others find hope and recovery.

Training components included general tobacco use and rate information, a Quitline overview, motivational interviewing, Carbon Monoxide monitor training and a review of support group curriculums. Tobacco use rates among mental health and substance using consumers are two to four times higher than the general population, and often higher with specific diagnoses such as schizophrenia. Use rate issues coupled with a lack of quit resources, tobacco industry marketing, and

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environments that often promote tobacco use easily framed this as a social justice issue and provided motivation and engagement for the Peer Support Specialists. Several of the Peer Support Specialists at the training identified themselves as tobacco users and a few shared a strong desire to quit by the end of the training.

The synergy of the training was by far the highlight of the day. Inspired and motivated, several participants shared their thoughts from the day on camera while another participant announced that she was quitting. These stories and the video will be featured on the Communities Putting Prevention to Work networking site, www.HealthyKingCounty.org.



Mental health and substance use disorder agencies are on a parallel track working on tobacco policy which will ultimately result in 100% tobacco free sites. With the tobacco use rates being so high at these sites, Peer Support Specialists trained in tobacco cessation will be able to step in and offer support groups, education and information. The training was sponsored by the King County Mental Health, Chemical Abuse & Dependency Services Division, and Communities Putting Prevention to Work.

For more information about this project, contact Sherry McCabe at Sherry.McCabe@kingcounty.gov.

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Dutch Shisler Sobering Center and RCKC Detox to go Tobacco Free

by Paul Zemann

In an effort to support consumers' desire to quit smoking and to reduce exposure to secondhand smoke, both the Dutch Shisler Sobering Center and RCKC Detox will be going tobacco free on July 1, 2011.

Extensive research supports the popular observation that "smokers drink and drinkers smoke." Moreover, the heaviest alcohol consumers are also the heaviest consumers of tobacco. National Institute on Drug Abuse research studies have found that craving for nicotine appears to be linked to increased craving for alcohol and other illicit drugs among drug abusers who also smoke tobacco. Concurrent use of these drugs poses a significant public health threat. A survey of persons treated for alcoholism and other drug addictions revealed that 222 of 845 subjects had died over a 12-year period; one-third of these deaths were attributed to alcohol-related causes, while more than one-half of the deaths were related to smoking.

During recent visits to the Sobering and Detox centers, counselors have reported that many or most consumers there ask for help in quitting smoking. The staff at those sites will be taking a comprehensive and empathetic approach to provide the best possible support for consumers there. They will be working with referring agencies and Public Health to provide not only counseling support, but nicotine

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replacement therapy (the patch or gum) to reduce nicotine withdrawal and help consumers while they are there to become nicotine and alcohol free.

Public Health Seattle & King County would like to commend these sites for providing national leadership in this important move for the health and recovery of their consumers.

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[King County increasing smoke-free affordable housing](#)

[Affordable housing providers join smoke-free trend](#)

[YWCA Family Village complex is made smoke free](#)

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